



**CERTIFICATE OF WITHDRAWAL
FOREIGN LIMITED LIABILITY COMPANY
APPLICATION**
SECRETARY OF STATE
SFN 51989 (06-2006)

FOR OFFICE USE ONLY

ID#:	
WO#:	
Filed:	By:

1. FILING FEE \$20.00

SEE REVERSE SIDE FOR FEES, FILING AND MAILING INSTRUCTIONS.

This form is prescribed for use by a foreign limited liability company or a foreign professional limited liability company.

The following statements are hereby submitted for Certificate of Withdrawal from the State of North Dakota.

TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code, Section 10-32-143.

2. The name of the limited liability company:		
3. Federal ID #:	4. State or country where organized:	
5. An address to which a person may mail a copy of any process against the limited liability company: (Street/RR, PO Box, City, State, Zip+4)		
6. "The following is hereby affirmed: The limited liability company is not transacting business or conducting activities in North Dakota and surrenders its authority to do so. The limited liability company revokes the authority of its registered agent in North Dakota to accept service of process. The limited liability company consents to service of process on the limited liability company by service upon the North Dakota Secretary of State in any action, suit, or proceeding based upon any cause of action arising in North Dakota during the time the limited liability company was authorized to transact business or conduct activities. The undersigned, a person authorized by the limited liability company to sign this application, knows the contents of the application, and believes the statements made to be true." Signature: _____ Date: _____		
7. Name of person to contact about this application:	E-Mail Address:	Daytime Telephone #:

The following numbers correspond to the numbered sections on the front of this form.

- This application must be dated and bear the signature of an individual authorized to sign on behalf of the limited liability company.

7. Provide the name, email address, and daytime telephone number of the person to contact for any issues related to this application.

MAILING INSTRUCTIONS: Send an application **AND** filing fee to:

Telephone: 701-328-4284 Toll Free: 800-352-0867 (8-4284) Fax: 701-328-2992 Home Page: www.nd.gov/sos



(All items required to complete transaction)

Name:									
Address:						City:		State:	Zip Code:
<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	Signature: (Required by credit card companies)						
Account Number: 						V # 	Card Expires: Month Year -		Date: